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CONFIRMATION NO. 2690

Bib Data Sheet

SERIAL NUMBER 10/790,939	FILING DATE 03/01/2004 RULE	CLASS 438	GROUP ART UNIT 2818	ATTORNEY DOCKET NO. AMDI:133\HON
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APPLICANTS

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/22/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance <i>by</i>	TX	DRAWING 6	CLAIMS 21	CLAIMS 4
Verified and Acknowledged	Examiner's Signature <i>hmy</i> Initials				

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TITLE

Bi-modal halo implantation

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
RECEIVED 874		